



EMPLOYMENT INITIATIVE CONCEPT PAPER

A commitment to assist every interested person to succeed in the competitive labor market ought to be the cornerstone of recovery-oriented systems and practice as part of whole person care. The assumption that people experiencing psychiatric disabilities are unready, unmotivated or unable to work dooms another generation of those experiencing serious mental health challenges to a lifetime of “thwarted ambitions, numbing poverty, and limited community inclusion (Baron, Solomon, Brice and Connors, 2014).

“It is nearly impossible to make your own future when you are not part of the economic fabric of the culture you live in (Deegan, 2004).

The hard reality is that very few people with psychiatric disabilities work in the competitive labor market in spite of the increase in lip service paid to competitive employment goals. (Note: competitive work refers to jobs that are available to anyone in the workforce, offer wages and benefits comparable to industry standards and provide for work alongside non-disabled co-workers (SAMHSA, 2009). Unemployment continues at a staggering 85% despite the identification of a number of evidence-based practices that support achieving competitive employment.

Purpose of Document

This document is intended to provide a conceptual framework for describing, understanding and developing specific strategies to support employment success.

We seek allies and supporters among policy makers, providers, consumers, and family members. Policy makers include the California legislature, State Department of Rehabilitation (DOR), California Commission on Employment of Persons with Disabilities (CCEPD), Department of Health Care Services (DHCS), CA Association of Behavioral Healthcare Directors (CBHDA), California Workforce Development Board (CWDB), California Workforce Association (CWA), California Behavioral Health Planning Council (CBHPC), and the Mental Health Oversight and Accountability Commission (MHSOAC).

Local DOR offices, Community Rehabilitation Providers, Ticket to Work/Employment Networks, Community Mental Health Providers, County Behavioral Health Departments, Community Colleges, and the University of California and California State Universities represent the provider target audience.

Key Principles

- Work can promote recovery and wellness
- Long-term unemployment and reliance on cash benefits ensure a lifetime of poverty
- Poverty can cause certain mental health disorders and alleviating that poverty can have a positive effects on Adult and Children mental health (Costello et al, 2003)
- 'Work first' approaches (e.g., Supported Employment) that really seek to get people working or in skilled training programs without worrying about extensive testing, counseling and preparatory work are most effective.
- There is a clear need for long-term support for everyone who moves into competitive employment. How much, what type and for how long should be tailored to the needs of the individual.
- A menu approach as 'one-size' does not fit all
- Partnership and collaboration among everyone on the consumer's 'team' is critical

History of vocational rehabilitation/employment services in CA

The Rehabilitation Services Administration (RSA) oversees the provision of vocational rehabilitation services authorized by Congress for each state. The Rehab Act of 1973 and subsequent legislative initiatives (e.g., WIO, WIOA) provide formula and discretionary programs through designated State agencies. In California, the designated state agency is the Department of Rehabilitation. Through district and branch offices, DOR provides career assessment and counseling, job search and interview skills, career education and training and assistive technology.

Community Residential Treatment Systems Act (1977)

CASRA sponsored the Community Residential Treatment Systems Act which was the first legislative initiative in the nation that outlined a system of services that would serve as alternatives to institutional care. It specifically included education, pre-vocational and employment services as key aspects of a delivery system. It also was the first legislation to encourage hiring persons with experience receiving services from the public mental health system as staff.

Community Vocational Rehabilitation System Act (1985)

During his tenure, Assembly member Bruce Bronzan was the mental health community's greatest ally in the legislature. Among his many legislative achievements was passage of the Community Vocational Rehabilitation System Act. The legislation was the direct result of a position paper written by CASRA and endorsed by the California Mental Health Directors Association, NAMI-CA and the California Network of Mental Health Clients that asserted that the unemployment rates of persons served in the public system was completely unacceptable.

The act was designed to encourage the establishment in each county of a system of vocational rehabilitation and employment services that would serve the unique needs of persons with serious psychiatric disabilities. It recognized that work is an essential element in the local mental health delivery system. However, without a dedicated funding allocation, few counties developed such a system.

CA Mental Health Co-operative Program (1991)

In 1991, the Department of Rehabilitation did not have sufficient general fund revenue to draw down the federal funds available to California. Fortunately, DOR had the opportunity to develop a collaboration with county mental health departments where local funds (cash or in-kind) could be used as the California match. California's Mental Health Cooperative Programs offer employment services to provide improved access and specialized employment services and mental health supports for clients historically un-served or under-served in the Department of Rehabilitation system. It was hoped that by paying specific attention to adults served in the public mental health system, we would see improvement in the rates of employment among persons experiencing psychiatric disabilities. Unfortunately, this has not been the case.

Subsequent legislative initiatives including AB 3777, AB 34/2034 and the Mental Health Services Act have all referenced the importance of employment outcomes as a key indicator of service success.

All of the above reflect good intentions but ineffective implementation. We will now look at a framework for moving forward to fulfill the mission – employment is everybody's business.

MH SYSTEMS/EMPLOYMENT FIGURES 2015 SAMHSA

U.S. ADULT MH

OVERALL = 21.7%

IN LABOR FORCE = 45.4%
(Looking for work or employed)

ACCESS TO EBP SE = 2%

CA ADULT MH

OVERALL = 8.3%

IN LABOR FORCE = 40.3%
(Looking for work or employed)

ACCESS TO EBP SE = .1%

MH SYSTEMS DO NOT TREAT LONG-TERM UNEMPLOYMENT
AS A CLINICAL RISK FACTOR

RECOMMENDATIONS

1. Convene a statewide summit on Supported Education and Supported Employment
 - a. Overview of supported education programs, services and outcomes
 - b. Overview of supported employment programs, services and outcomes
 - c. Overview of programs which integrate supported education and supported employment
 - d. Dialogue on how to replicate integrated programs
2. Support the formation of local taskforces to identify resources and develop programs, policies and practices that support employment and career development
 - a. Preventing long-term poverty by setting a target rate of employment goal
 - b. Providing training to all staff to understand how 'employment is everybody's business'
 - c. Fully integrated employment and educational services focused on career development for transition age youth and young adults (keeping them off the disability/poverty train)
 - d. Automatic referral to a vocational counselor for any client who has been unemployed for more than 3 months and is on public benefit (getting off the poverty train at the earliest station stop)
 - e. Utilization of MHSA Community Service and Support funds to develop integrated SEd and SE programs and/or Innovation funds (e.g., Helping Youth on the Path to Employment HYPE program)
3. Seek funding to re-establish the technical assistance program originally offered through the DoR/DMH co-op program. Years of staff turnover at both DoR, county mental health and community-based agencies have dramatically reduced staff knowledge of policies and practices that support competitive employment for persons experiencing psychiatric disability.